



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

March 1, 2012

Administrator
The Vines
3130 S. W. 27th Avenue
Ocala, FL 34471

Dear Administrator:

The purpose of this letter is to officially advise you in writing of the findings of a federal validation survey conducted at your facility on February 21, 2012 by representative(s) of this office. Compliance with the requirements was discussed with you and/or your representative at the facility during the exit conference following the completion of the survey.

You are advised that the Condition of Participation at 52CFR 483.350, Restraining and Seclusion was found not met. A follow-up visit will be conducted within forty-five days of the survey date to ascertain compliance.

Your facility was not in compliance with federal requirements as indicated on the enclosed CMS 2567 Form "Statement of Deficiencies and Plan of Correction." **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

A Plan of Correction (POC) for the deficiencies must be submitted, in accordance with the enclosed instructions, for the identified deficiencies **within ten working days of receipt of this faxed report**. Failure to submit an acceptable POC within ten (10) calendar days may result in termination of your provider agreement. You will be notified by telephone and/or fax if your POC is found to be unacceptable. **All deficiencies shall be corrected no later than March 21, 2012.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

The Vines
March 1, 2012
Page 2

Thank you for the assistance provided to the surveyor(s). Should you require additional information or have any questions, please contact this office at (386) 462-6201.

Sincerely,

A handwritten signature in black ink, appearing to read "Kriste Mennella".

Kriste Mennella
Field Office Manager

KJM/bh
Enclosure(s)

AGENCY FOR HEALTH CARE ADMINISTRATION

INSTRUCTIONS FOR-PLAN OF CORRECTION

Please review the following Prior to completing the
Plan of Correction section of AHCA 3020-0001

1. Prepare your reply by using a typewriter or computer to ensure legibility.
2. Note that each deficiency is consecutively numbered with an ID Prefix tag. This tag number is repeated in column #3, and your plan of correction (POC) should begin opposite the number.
3. The POC must be specific and realistic, have reasonable time frames based on dates discussed during the exit conference and state exactly how the deficiency was (or will be) corrected. Stating simply that "staff will be trained", is not acceptable. An acceptable POC might state that "staff were trained regarding policy and procedure, before and after tests were given, daily staff monitoring will be performed, staff will be re-evaluated in one month, then quarterly."
4. POC's should address the problem and be aimed at correction in a systematic sense, as opposed to correcting an example or an isolated problem.
5. The plan may not be argumentative. Generalized, unsubstantiated arguments are not acceptable. A deficiency may be disputed provided it is supported by factual attached documentation. For example, attached is the controlled substance verification log which has the date, time and signature of oncoming and outgoing nurses who have counted controlled substances.
6. The responsibility for correction and ongoing monitoring should be assigned to a specific position to preclude recurrence.
7. You must sign the bottom of page 1 of the statement of deficiencies, include your title and date.

After the completed POC is received, it will be evaluated. Failure to submit a timely report may result in a finding of non-compliance.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICESPRINTED: 03/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10L011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2012
NAME OF PROVIDER OR SUPPLIER THE VINES			STREET ADDRESS, CITY, STATE, ZIP CODE 3130 S W 27TH AVENUE OCALA, FL 34471		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FEDERAL VALIDATION SURVEY February 20-21, 2012 The Vines is not in compliance with the Condition of Participation for Restraint and Seclusion at 42 C.F.R. 483.350. Standard level deficiencies were identified. 483.356(a)(2) Protection of Residents		N000	Initial Comments The submission of the following responses and plan of correction does not indicate that the facility agrees with the citations or admits that it violated the rules.	
N 004	An order for restraint or seclusion must not be written as a standing order or on an as-needed basis. This STANDARD is not met as evidenced by: Based on client record review and staff interview, it was determined that the facility failed to ensure that each order for restraint or seclusion was not written as a standing order or on an as needed basis for one of ten clients reviewed (#7) whose record reflected as needed orders for "CPI" and "comfort" room. Findings include: Review of the record for client #7 revealed a physician's order, dated 11/14/11 at 11:40 a.m., for "CPI x 10 minutes, if needed, for aggressive and dangerous behavior. Comfort room, if needed, times 10 minutes for de escalation."		N 004	The CNO and/or Nursing Supervisor are auditing 100% of all restraint and seclusion to ensure an order will not be used by the RN as a "standing order" as stated in the findings regarding client #7. Findings from the audits are reported to the MEC and Board of Directors. The CNO and RTC Director provided retraining to all RNs and physicians on the revised Restraint and Seclusion policy and Restraint/Seclusion order form, the prohibition of prn orders, and the correct manner in which to write an order for restraint or seclusion. The CNO, RTC Director, and Nursing Supervisors are monitoring 100% of restraint and seclusion episodes to ensure that no prn orders are written. Retraining and/or corrective action will be taken with any RN not documenting orders correctly. The Medical Director will provide retraining to any member of the medical staff providing	3/05/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(x6) DATE

Michael S. McDonald / Jeanne Barker, CNO 3/19/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the agency may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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N 004	Standard level deficiencies were identified. 483.356(a)(2) Protection of Residents An order for restraint or seclusion must not be written as a standing order or on an as-needed basis. This STANDARD is not met as evidenced by: Based on client record review and staff interview, it was determined that the facility failed to ensure that each order for restraint or seclusion was not written as a standing order or on an as needed basis for one of ten clients reviewed (#7) whose record reflected as needed orders for "CPI" and "comfort" room. Findings include: Review of the record for client #7 revealed a physician's order, dated 11/14/11 at 11:40 a.m., for "CPI x 10 minutes, if needed, for aggressive and dangerous behavior. Comfort room, if needed, times 10 minutes for de escalation."	N 004	incorrect orders and this monitoring/ retraining will be included in their ongoing professional practice evaluation. Aggregated results of monitoring will be reported to the PI Committee and Medical Executive Committees monthly and the Governing Body quarterly.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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N 008	<p>Continued From page 1</p> <p>Review of the client's record revealed a Behavioral Intervention Report for 11/14/11 that indicated that the physical hold was not initiated until 12:05 p.m.</p> <p>483.368(a)(4) Protection of Residents</p> <p>Restraint and seclusion must not be used simultaneously.</p> <p>This STANDARD is not met as evidenced by: Based on client record review, facility policy review and interview, it was determined that the facility failed to ensure that restraint and seclusion were not used simultaneously for six of ten clients reviewed (#1, #4, #5, #7, #9, #10).</p> <p>Findings include:</p> <p>1. Review of the facility's policy entitled, "Restraint and Seclusion" with a revision date of 11/11 revealed the following definitions: "Definition of Seclusion: Seclusion is a critical event and is defined as the involuntary confinement of a person in a room or an area where the person is physically prevented from leaving. The prevention may be by physical barrier or by a staff member who is acting in a manner, or who is physically situated, so as to prevent the person from leaving the room or area. Definition of Comfort Room: Use of the physical area which includes the two doorless seclusion rooms and is known as the 'Comfort Room' is truly a time out room if at least one of the doors to either the Older or Younger boys hall is open</p>	N 008	<p>The CNO and Nursing Supervisor are monitoring 100% of all restraint and/or seclusion episodes to ensure that the intervention is not being used simultaneously as stated in the findings for client's #1, #4, #7, #9, #10. The CNO and/or Nursing Supervisor are auditing 100% of all restraint and seclusion episodes to ensure that documentation supports accurately the use of restraint and seclusion. Findings from the audits are reported to the MEC and Board of Directors.</p> <p>The CNO and RTC Director provided retraining to all RNs and physicians on the revised Restraint and Seclusion policy and order form, the expectation that restraint and seclusion are not utilized simultaneously, and the appropriate documentation of consecutive interventions.</p> <p>The CNO and RTC Director provided retraining to all RTC direct care staff on the revised Restraint and Seclusion policy to reiterate the expectations that restraint and seclusion are never used simultaneously.</p> <p>The CNO, RTC Director, and Nursing Supervisors are monitoring 100% of restraint and seclusion episodes to ensure that restraint and seclusion are never used simultaneously. Retraining and/or corrective action will be</p>	<p>--</p> <p>3/16/12</p> <p>3/16/12</p> <p>3/16/12</p>	

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N 008	483.356(a)(4) Protection of Residents Restraint and seclusion must not be used simultaneously. This STANDARD is not met as evidenced by: Based on client record review, facility policy review and interview, it was determined that the facility failed to ensure that restraint and seclusion were not used simultaneously for six of ten clients reviewed (#1, #4, #5, #7, #9, #10). Findings Include: 1. Review of the facility's policy entitled, "Restraint and Seclusion" with a revision date of 11/11 revealed the following definitions: "Definition of Seclusion: Seclusion is a critical event and is defined as the involuntary confinement of a person in a room or an area where the person is physically prevented from leaving. The prevention may be by physical barrier or by a staff member who is acting in a manner, or who is physically situated, so as to prevent the person from leaving the room or area. Definition of Comfort Room: Use of the physical area which includes the two doorless seclusion rooms and is known as the 'Comfort Room' is truly a time out room if at least one of the doors to either the Older or Younger boys hall is open	N 008	taken with any RN not documenting orders correctly or any staff member using restraint and seclusion simultaneously. The Medical Director will provide retraining to any member of the medical staff providing incorrect orders and this monitoring/retraining will be included in their ongoing professional practice evaluation. Aggregated results of monitoring will be reported to the PI Committee and Medical Executive Committees monthly and the Governing Body quarterly.		

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N 008	<p>Continued From page 2</p> <p>and the youth can freely walk out of the 'Comfort Room'. The Comfort Room becomes seclusion if a staff member prevents the youth from leaving the Comfort Room or both doors are shut. The youth is in seclusion in his/her room if a staff member stands in the door way to block egress. If a patient is unable to leave the Comfort Room, or any other room/area at his/her own will, the patient is in seclusion and a Behavioral Intervention Report and an Incident Report must be completed.</p> <p>Definition of Chemical Restraint: a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition."</p> <p>2. Review of the record for client # 1 revealed a physician's order, dated 2/14/12 at 9:35 a.m., for:</p> <p>1. 2 mg. Haldol IM now</p> <p>2. 1 mg. Ativan IM now</p> <p>3. 25 mg. Benadryl now IM</p> <p>4. For aggressive/anxiety/destructive behavior</p> <p>5. CPI escort /seclusion until behavior is no longer aggressive/destructive or anxiety."</p> <p>Review of the record revealed that the client had a physical restraint, chemical restraint and seclusion simultaneously. Review of the record revealed a narrative on the Behavioral Intervention Report, of that date, that stated that the client was attempting to choke himself with his sweatshirt, and attempting to cut his arm with a "spork."</p> <p>The narrative indicated that the client was taken to the comfort room to calm down and receive an</p>	N 008			

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N 008	<p>Continued From page 3</p> <p>ETO (Emergency Treatment Order) in the comfort room. Review of the physical intervention section revealed that the client was in a physical hold from 0910 to 0911 and in seclusion in the comfort room from 0910 to 0915.</p> <p>3. Review of the record for client # 4 revealed documentation that the client was in a physical hold and in seclusion simultaneously on 2/14/12. Review of the Behavioral Intervention Report, for that date, revealed that the client was in a physical hold from 9:35 a.m. to 9:40 a.m., and in seclusion from 9:35 a.m. to 9:40 a.m.</p> <p>4. a. Review of the record for client #5 revealed that the client was placed in the comfort room from 7:35 a.m. to 7:45 p.m. and given a chemical restraint/ ETO at 7:42 p.m. on 2/7/12. Review of the Behavioral Intervention Report (2/7/12) for this incident revealed that staff member N was one of the mental health technician's involved. An interview was conducted with staff member N on 2/21/12 at 1:40 p.m., where he stated that, if a client is placed in the comfort room, staff stand at the door while the client is in the comfort room. Standing at the door would not allow the client to leave the room freely which would then be considered seclusion.</p> <p>b. Review of the record for client #5 revealed that the client was placed in a physical hold from 12:45 p.m. to 12:55 p.m. and escorted to the "Comfort Room"; where he remained from 12:45 p.m. to 1:00 p.m. on 1/7/12. Review of the Behavioral Intervention Report for this incident (1-7-12) revealed that staff member N was one of the mental health technician's involved. An</p>	N 008			

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N 008	<p>Continued From page 4</p> <p>interview was conducted with staff member N on 2/21/12 at 1:40 p.m., where he stated that, if a client is placed in the comfort room, staff stand at the door while the client is in the comfort room. Standing at the door would not allow the client to leave the room freely which would then be considered seclusion.</p> <p>5. a. Review of the record for client #7 revealed that on 11/7/11, the client was placed in a physical hold from 10:32 to 10:37 (no indication if a.m. or p.m.), placed in the Comfort Room from 10:32 to 10:37 and received a chemical restraint of Ativan 1 mg IM (Intramuscularly) and Benadryl 25 mg IM at 10:32 a.m.</p> <p>Review of the Behavioral Intervention Report for this incident (11-7-11) revealed that staff member O was involved. Interview with staff member O, on 1/21/12 at 2:10 p.m. revealed that when a client is in the Comfort Room, the staff stand in the doorway and the client can leave only once they calm down. Standing in the doorway and preventing the client from leaving until they calmed down would constitute the client being in seclusion. In effect, client #7 received a physical hold, seclusion, and a chemical restraint simultaneously on this date.</p> <p>b. Review of the record for client #7 revealed a physician's order, dated 11/14/11 at 1910 hours for "CPI Seclusion and Restraint/Comfort Room for aggressive behaviors. Give ETO Ativan 1 mg, Benadryl 25 mg, Haldol 2 mg IM now times 1 dose." Documentation revealed that the client received a chemical restraint while in seclusion. Review of the Behavioral Intervention Report (11-14-11) for this episode revealed:</p> <p>"Comfort Room" 1913 to 1920</p>	N 008			

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N 008	<p>Continued From page 5</p> <p>Ativan 1 mg, Benadryl 25 mg , Haldol 2 mg- time given 1915.</p> <p>Review of the section of the Behavioral Intervention Report for "MD orders" revealed "CPI Seclude up to 7 minutes."</p> <p>Review of the monitoring form used by the facility to monitor the client's behavior during the intervention revealed that "Seclusion" was checked .</p> <p>6. a. Review of the record for client #9 revealed simultaneous use of seclusion and chemical restraint. Review of the physician order sheet for client #9 revealed a physician order for 12/2/11 at 1400 hours for " ETO 2 mg Haldol, 25 mg Benadryl, 1 mg Ativan, Comfort room/ CPI hold for aggressive behavior." Review of the Behavioral Intervention Report for 12/2/11 revealed the order at 1400 for "seclude up to 15 minutes, personal restraint; length of time 5 minutes."</p> <p>Review of the Behavioral Intervention Record for the interventions, on 12/2/11, revealed that there were three distinct physical holds and two distinct seclusions, each, which required a separate physician's order and that seclusion and the chemical restraint were used simultaneously: "Physical hold 1352 hours to 1353 hours Physical hold 1358 hours to 1359 hours Physical hold 1418 hours to 1419 hours Seclusion 1353 hours to 1400 hours Seclusion 1411 hours to 1417 hours Ativan 1 mg IM, Benadryl 25 mg and Haldol 2 mg 1400 hours."</p> <p>b. Review of the record for client #9 revealed a</p>	N 008			

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N 008	Continued From page 6 physician's order, dated 12/18/11 at 1400 hours, for "1 mg Ativan IM, 25 mg Benadryl IM now for severe aggressive behavior, CPI hold to Comfort room." Review of the Behavioral Intervention Report for this date revealed "CPI for aggressive behavior and CPI Escort, CPI Hold" and the order for the Ativan and Benadryl. There was no documentation of an order for seclusion. Review of the report revealed that seclusion was checked as initiated from 1400 to 1422 and the client's behavior was monitored while in seclusion. The chemical restraints of Ativan and Benadryl were documented as given at 1420 hours, while the client was in seclusion.	N 008			
N 018	7. Review of the record for client #10 revealed that the client received simultaneous seclusion and restraint on 1/19/12. Review of the Behavioral Intervention Report for 1/19/12 revealed that the client was in a physical hold from 11:40 a.m. to 11:42 a.m., in the Comfort Room from 11:40 a.m. to 11:41 a.m. and in seclusion from 11:41 a.m. to 11:42 a.m. 483.358(d) Orders For The Use Of Restraint Or Seclusion If the order for restraint or seclusion is verbal, the verbal order must be received by a registered nurse or other licensed staff such as a licensed practical nurse, while the emergency safety intervention is being initiated by staff or immediately after the emergency safety situation ends. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must verify the verbal order in a signed written form in the resident's record. The physician or other licensed practitioner permitted by the state and the facility to order	N 018	The CNO, RTC Program Director and/or Nursing Supervisor are auditing 100% of all restraint and seclusion episodes to ensure an order for Seclusion and Restraint is appropriate and documented in the medical record. Findings from the survey are reported to the MEC and Board of Directors.		

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N 018	<p>Continued From page 7</p> <p>restraint or seclusion must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention.</p> <p>This STANDARD is not met as evidenced by: Based on client record review, it was determined that the facility failed to obtain the signed written order from the physician for a verbal order for restraint for one of ten clients reviewed (#5).</p> <p>Findings Include</p> <p>Review of the Behavioral Intervention Report for 1/13/12 for client #5 revealed that the client had a physical hold from 12:45 p.m. to 12:55 p.m. Review of the verbal order section of the report revealed a verbal telephone order was obtained at 2:00 p.m., but, there was no written signature of the physician. Review of the physician's order sheet in the physician order section of the record also revealed no signed physician's order.</p> <p>Review of the Behavioral Intervention Report for 1/7/12 for client #5 revealed that the client was in a physical hold from 1:20 p.m. to 1:25 p.m. Review of the verbal order section of the report revealed a verbal telephone order was obtained at 1:15 p.m. for a "physical CPI hold for five minutes." The verbal order was not signed by the physician. Review of the physician's order sheet in the physician order section of the record also revealed no signed physician's order for the physical hold.</p>	N 018	<p>The CNO and RTC Director revised the Restraint and Seclusion policy to clarify the expectation that any telephone or verbal order for restraint/seclusion must be authenticated by the physician within 24 hours of the initiation of the intervention.</p> <p>The CNO and Medical Director provided retraining to all physicians on the expectation for authentication of telephone or verbal orders within 24 hours of the initiation of the intervention.</p> <p>The CNO, RTC Director, and Nursing Supervisors are monitoring 100% of restraint and seclusion episodes to ensure that telephone/verbal orders for restraint/seclusion are authenticated within 24 hours of the initiation of the intervention. The Medical Director will provide retraining to any member of the medical staff failing to authenticate orders in the required time frame and this monitoring/retraining will be included in their ongoing professional practice evaluation. Aggregated results of monitoring will be reported to the PI Committee and Medical Executive Committees monthly and the Governing Body quarterly.</p>	3/5/12	3/13/12	3/16/12
N 019	483.358(e) Orders For The Use Of Restraint Or Seclusion	N 019				

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N 019	Continued From page 9 distinct physical holds and two distinct seclusions each which required a separate physician's order: "Physical hold 1352 to 1353 Physical hold 1358 to 1368 Physical hold 1418 to 1419 Seclusion 1363 to 1400 Seclusion 1411 to 1417 Ativan 1 mg Im, Benadryl 25 mg and Haldol 2 mg 1400."	N 019	The CNO and RTC Director provided retraining to all RTC direct care staff on the revised Restraint and Seclusion policy to reiterate the expectations that restraint and seclusion are never used simultaneously. The CNO, RTC Director, and Nursing Supervisors are monitoring 100% of restraint and seclusion episodes to ensure that restraint and seclusion are never used simultaneously. Retraining and/or corrective action will be taken with any RN not documenting orders correctly or any staff member using restraint and seclusion simultaneously. The Medical Director will provide retraining to any member of the medical staff providing incorrect orders and this monitoring/retraining will be included in their ongoing professional practice evaluation. Aggregated results of monitoring will be reported to the PI Committee and Medical Executive Committees monthly and the Governing Body quarterly.	3/16/12 3/16/12	
N 020	483.358(f) Orders For The Use Of Restraint Or Seclusion Within 1 hour of the initiation of the emergency safety intervention a physician, or other licensed practitioner trained in the use of emergency safety interventions and permitted by the state and the facility to assess the physical and psychological well being of residents, must conduct a face-to-face assessment of the physical and psychological well being of the resident, including but not limited to- (1) The resident's physical and psychological status; (2) The resident's behavior; (3) The appropriateness of the Intervention measures; and (4) Any complications resulting from the intervention. This STANDARD is not met as evidenced by:				

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N 020	<p>Continued From page 10</p> <p>Based on client record review, it was determined that the facility failed to ensure that a licensed practitioner conducted a face to face assessment of the physical and psychological well being of the client within 1 hour of the initiation of restraint or seclusion for seven of ten clients reviewed (#1, #2, #4, #5, #6, #7, #9).</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. Review of the Behavioral Intervention Report (dated 2/17/12) for client #1 revealed that the client was placed in a physical hold at 5:31 p.m. on 2/17/12. Review of the face to face assessment documentation, completed by a registered nurse, revealed no time noted for the assessment. 2. Review of the Behavioral Intervention Report (dated 1-8-12) for client #2 revealed that a physical hold was initiated at 3:38 p.m. on 1/8/12. Review of the face to face assessment documentation, completed by a registered nurse, revealed that the face to face assessment was not conducted until 7:00 p.m., more than 3 hours after the hold. 3. Review of the Behavioral Intervention Report (dated 1/27/12) for client #4 revealed that a physical hold was initiated at 10:07 a.m. on 1/27/12. Review of the face to face assessment documentation, completed by a registered nurse, revealed that the face to face assessment was not conducted until 12:00 p.m., almost 2 hours after hold. 4. Review of the Behavioral Intervention Report (dated 1/7/12) for client #5 revealed that a 	N 020	<p>The CNO and/or Nursing Supervisor are notified of restraint and/or seclusion to ensure that a licensed practitioner conducted a face to face assessment of the physical and psychological well-being of client #1, #2, #4, #5, #6, #7, #9. The CNO, RTC Director and/or Nursing Supervisor are auditing 100% of restraint and seclusion episodes to ensure the face to face assessment was documented accurately. Findings from the survey are reported to the MEC and Board of Directors.</p> <p>The Medical Director and CNO reviewed expectations for completion of face to face assessments within one hour, and the importance of timing the assessments with all RNs and MDs.</p> <p>The CNO, RTC Director, and Nursing Supervisors are monitoring 100% of restraint and seclusion episodes to ensure that face to face assessments are completed within one hour of the initiation of the intervention. Retraining and/or corrective action will be taken with any RN not completing the face to face assessment in a timely fashion. The Medical Director will provide retraining to any member of the medical staff completing assessments late and this monitoring/retraining will be included in their ongoing professional practice evaluation. Aggregated results of monitoring will be reported to the PI Committee and Medical Executive Committees monthly and the Governing Body quarterly.</p>	3/13/12	3/16/12

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N 020	<p>Continued From page 11</p> <p>physical hold was initiated at 2:20 p.m. on 1/7/12. Review of the face to face assessment documentation, completed by a registered nurse, revealed that the face to face assessment was not conducted until 4:00 p.m., almost two hours later.</p> <p>5. a. Review of the Behavioral Intervention Report (1/22/12) for client #8 revealed that a physical hold was initiated at 11:29 a.m. on 1/22/12. Review of the face to face assessment documentation, completed by a registered nurse, revealed that the face to face assessment was not conducted until 2:00 p.m.</p> <p>b. Review of the Behavioral Intervention Report (1/21/12) for client #6 revealed that a physical hold was initiated at 3:50 p.m. on 1/21/12. Review of the face to face assessment documentation, completed by a registered nurse, revealed that the face to face assessment was not conducted until 6:00 p.m., some two hours after the hold.</p> <p>6. Review of the Behavioral Intervention Report (11/8/11) for client #7 revealed that a physical hold was initiated at 1:55 p.m. on 11/8/11. Review of the face to face assessment documentation, completed by a registered nurse, revealed that the face to face assessment was not conducted until 4:00 p.m., some two hours after the hold.</p> <p>7. a. Review of the Behavioral Intervention Report (12-9-11) for client #9 revealed that a physical hold was initiated at 4:25 p.m. on 12/9/11. Review of the face to face assessment documentation, completed by a registered nurse, revealed that the face to face assessment was not conducted until 7:00 p.m., more than two</p>	N 020			

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N 020	Continued From page 12 hours after the hold. b. Review of the Behavioral Intervention Report (12/15/11) for client #9 revealed that a physical hold was initiated at 4:36 p.m. on 12/15/11. Review of the face to face assessment documentation, completed by a registered nurse, revealed that the face to face assessment was not signed as conducted until 8:40 p.m., more than three hours after the hold.	N 020			
N 024	483.358(g)(3) Orders For The Use Of Restraint Or Seclusion The emergency safety intervention ordered, including the length of time for which the physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion authorized its use. This STANDARD is not met as evidenced by: Based on client record review, it was determined that the facility failed to obtain a physician order for the use of seclusion for twenty-two minutes for one of ten clients reviewed (#9). Findings include: Review of the record for client #9 revealed a physician's order, dated 12/18/11 at 1400 hours for "1 mg Ativan IM, 25 mg Benadryl IM now for severe aggressive behavior, CPI hold to Comfort room." Review of the Behavioral Intervention Report for this date (12/18/11) revealed "CPI for aggressive behavior and CPI Escort, CPI Hold" and the order for the Ativan and Benadryl. There was no documentation of an order for seclusion. Review of the report revealed that seclusion was	N 024	The CNO and/or Nursing Supervisor are notified of restraint and/or seclusion to ensure that a physician order is placed in the medical record and on the Behavior Intervention Report in order to prevent an order not being placed in the chart or BIR as stated in the findings for client #9. The CNO, RTC Director and /or Nursing Supervisor are auditing 100% of restraint and seclusion episodes to ensure that a physician order is documented in the medical record. Findings from the survey are reported to the MEC and Board of Directors.		

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N 020	Continued From page 12 hours after the hold. b. Review of the Behavioral Intervention Report (12/15/11) for client #9 revealed that a physical hold was initiated at 4:36 p.m. on 12/15/11. Review of the face to face assessment documentation, completed by a registered nurse, revealed that the face to face assessment was not signed as conducted until 8:40 p.m., more than three hours after the hold.			3/5/12	
N 024	483.358(g)(3) Orders For The Use Of Restraint Or Seclusion The emergency safety intervention ordered, including the length of time for which the physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion authorized its use. This STANDARD is not met as evidenced by: Based on client record review, it was determined that the facility failed to obtain a physician order for the use of seclusion for twenty-two minutes for one of ten clients reviewed (#9). Findings include: Review of the record for client #9 revealed a physician's order, dated 12/18/11 at 1400 hours for "1 mg Ativan IM, 25 mg Benadryl IM now for severe aggressive behavior, CPI hold to Comfort room." Review of the Behavioral Intervention Report for this date (12/18/11) revealed "CPI for aggressive behavior and CPI Escort, CPI Hold" and the order for the Ativan and Benadryl. There was no documentation of an order for seclusion. Review of the report revealed that seclusion was	N 024	The CNO and RTC Director revised the current Restraint and Seclusion policy and the Restraint/Seclusion order form to clarify expectations that orders for each special intervention must be obtained. The order form was modified to have specific consecutive/separate time frames for each intervention (with the exception of a physical hold to be implemented to allow the administration of a chemical restraint). The revised policy and form were approved by the Medical Executive Committee and the Governing Body. The CNO and RTC Director provided retraining to all RNs and physicians on the revised Restraint and Seclusion policy and order form, the expectation that there be an order for each intervention utilized. The CNO, RTC Director, and Nursing Supervisors are monitoring 100% of restraint and seclusion episodes to ensure that there are orders for each intervention utilized. Retraining and/or disciplinary action will be taken with any RN not documenting orders correctly. The Medical Director will provide retraining to any member of the medical staff providing incorrect orders and this monitoring/retraining will be included in their ongoing professional practice evaluation. Aggregated results of monitoring will be reported to the PI Committee and Medical Executive Committees monthly and the Governing Body quarterly.	3/16/12 3/13/12 3/13/12 3/16/12	

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N 024	Continued From page 13 checked as Initiated from 1400 to 1422 and the client's behavior was monitored while in seclusion.				
N 029	483.358(h)(4) Orders For The Use Of Restraint Or Seclusion The emergency safety situation that required the resident to be restrained or put in seclusion. This STANDARD is not met as evidenced by: Based on policy review, client record review and staff interview, it was determined that the facility failed to ensure that there was documentation of the behaviors that led to the use of multiple interventions of physical and chemical restraint and seclusion and the justification of the use of restraint and seclusion for five of ten clients reviewed (#1, #4, #5, #9, #10). Findings include: 1. Review of the facility's policy entitled Restraint and Seclusion, with a revision date of 11/11, revealed: The least restrictive intervention to reduce confrontation and provide comfort should be initiated prior to initiating any form of restraint or seclusion. Release from seclusion or restraint shall occur as soon as the person no longer appears to present an imminent threat to themselves or others. Definition of Restraint: A restraint is a critical event and is defined as any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability	N 029	The CNO reviewed the medical records for clients #1, #4, #5, #9, and #10 regarding the findings justification of the seclusion/restraint. The CNO provided re-education and re-training to all RTC Registered Nurses and Qualified Registered Nurses to ensure that documentation and justification of the behaviors that led to the use of multiple interventions is corrected. The CNO and/or Nursing Supervisor are auditing 100% of restraint and seclusion episodes to ensure that justification for seclusion/restraint including behaviors leading to the episode and alternative methods utilized is documented in the medical record. Findings from the survey are reported to the MEC and Board of Directors.		

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N 029	<p>Continued From page 14</p> <p>of a patient to move his or her arms, legs, body or head freely. This includes CPI 'holds' and 'two person physical escorts. Restraint includes the application of physical force without the use of any device, for the purpose of restraining the free movement of the patient's body.</p> <p>Definition of Seclusion: Seclusion is a critical event and is defined as the involuntary confinement of a person in a room or an area where the person is physically prevented from leaving. The prevention may be by physical barrier or by a staff member who is acting in a manner, or who is physically situated, so as to prevent the person from leaving the room or area.</p> <p>Definition of Comfort Room: Use of the physical area which includes the two doorless seclusion rooms and is known as the Comfort Room is truly a time out room if at least one of the doors to either the Older or Younger boys hall is open and the youth can freely walk out of the Comfort Room.</p> <p>The Comfort Room becomes seclusion if a staff member prevents the youth from leaving the Comfort Room or both doors are shut. The youth is in seclusion in his/her room if a staff member stands in the doorway to block egress.</p> <p>Comfort Room also serves as a quiet area for a child/adolescent to take a personal time out that is the patient's personal choice.</p> <p>If a patient is unable to leave the Comfort Room, or any other room/area at his/her own will, the patient is in seclusion and a Behavioral Intervention Report and an Incident Report must be completed.</p> <p>Definition of Time Out: means the restriction of a child for a brief period of time (30 minutes or less) to a designated area from which the child is not physically prevented from leaving, for the purpose</p>	N 029	<p>The CNO and RTC Director revised the current Restraint and Seclusion policy and the Restraint/Seclusion order form to clarify expectations for documentation of the rationale for use of any special intervention and the use of less restrictive interventions attempted unsuccessfully prior to the initiation of any restraint or seclusion. The revised policy and form were approved by the Medical Executive Committee and the Governing Body.</p> <p>The CNO and RTC Director provided retraining to all direct care and nursing staff on the expectation that less restrictive interventions are attempted and only when those interventions are unsuccessful, are the more restrictive interventions of restraint or seclusion used. The training also included documentation requirements so that the need for restraint or seclusion is clearly communicated in the medical record.</p> <p>The CNO, RTC Director, and Nursing Supervisors are monitoring 100% of restraint and seclusion episodes to ensure that documentation clearly states the rationale for use of restraint/seclusion and the less restrictive interventions attempted unsuccessfully before restraint or seclusion is used. Retraining and/or disciplinary action will be taken with any staff member not documenting rationale correctly or not using less restrictive interventions appropriately. Aggregated results of monitoring will be reported to the PI Committee and Medical Executive Committees monthly and the Governing Body quarterly.</p>	3/05/12 3/13/12 3/16/12 3/16/12	

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N 029	<p>Continued From page 15</p> <p>of providing the child an opportunity to regain self control and when the use is consistent with the child's treatment plan. Therefore, a child/adolescent who is restricted to the Comfort Room is in time out."</p> <p>Definition of Chemical Restraint: a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.</p> <p>Procedure:</p> <p>14. Completed Behavioral Intervention Record and progress note which includes:</p> <ul style="list-style-type: none"> a. Events leading up to incident b. De escalation techniques used with client/patient response. c. Rationale as explained to the patient for restraint and seclusion and behavior criteria for discontinuation. d. Physical management e. Client's patient response following management. <p>Seclusion: Seclusion may be used only to protect a client/patient from self injury, from injuring others, or to prevent serious disruption of the therapeutic environment. It must have been proceeded with attempts to use less restrictive de escalating techniques such as verbal processing, time outs, limit setting etc..</p> <p>Observation: Client/ patients being place in the seclusion room are given a clear explanation of the reasons why they are in the seclusion room and given behavior criteria for its discontinuation.</p> <p>2. Review of the record for client #1 revealed a</p>	N 029	<p>The CNO and RTC Director revised the current Restraint and Seclusion policy and the Restraint/Seclusion order form to clarify expectations for documentation of the rationale for use of any special intervention and the use of less restrictive interventions attempted unsuccessfully prior to the initiation of any restraint or seclusion. The revised policy and form were approved by the Medical Executive Committee and the Governing Body.</p>	3/05/12	

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N 029	<p>Continued From page 16</p> <p>physician's order, dated 2/14/12 at 09:35 a.m. for;</p> <p>"1. 2 mg Haldol IM now 2. 1 mg Ativan IM now 3. 25 mg Benadryl now IM 4. For aggressive/anxiety/destructive behavior 5. CPI escort /seclusion until behavior is no longer aggressive/destructive or anxiety."</p> <p>Review of the Behavioral Intervention Record (2-14-12) revealed that the client had a physical restraint, chemical restraint and seclusion simultaneously. A narrative on the Behavioral Intervention Report (2-14-12) that stated that the client was attempting to choke himself with his sweatshirt, and attempting to cut his arm with a "spork."</p> <p>The narrative indicated that the client was taken to the comfort room to calm down and receive an ETO (Emergency Treatment Order) in the comfort room. Review of the physical intervention section revealed that the client was in a physical hold from 0910 to 0911 and in seclusion in the comfort room from 0910 to 0915.</p> <p>There was no documentation in the client's record to warrant the use of simultaneous restraint and seclusion and that the least restrictive measures were not successful leading to a progression of restrictive measures from physical hold to seclusion to chemical restraint.</p> <p>3. a. Review of the Behavioral Intervention Record for client #4 revealed a Behavioral Intervention Report for 2/13/12 at 9:45 a.m. Review of the narrative section for "justification for each procedures used" revealed "Patient became defiant and stated he wanted to talk to a</p>	N 029			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10L011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2012
NAME OF PROVIDER OR SUPPLIER THE VINES			STREET ADDRESS, CITY, STATE, ZIP CODE 3130 S W 27TH AVENUE OCALA, FL 34471		
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N 029	<p>Continued From page 17</p> <p>friend. Staff tried de-escalation. He then began to escalate by cursing and jumping up in the air trying to break tile from the ceiling. Staff blocked him and he began to act out and curse staff using racial slurs. Staff escorted patient to unit via 2 minute CPI escort. He then calmed down."</p> <p>Review of the Behavioral Intervention Record (2-13-12) for client #4 revealed documentation that the client was in a physical hold and in seclusion simultaneously on 2/13/12. Review of the Behavioral Intervention Report also revealed that the client was in a physical hold from 9:35 a.m. to 9:40 a.m., and in seclusion from 9:35 a.m. to 9:40 a.m. There was no further documentation of the justification for the simultaneous use of restraint and seclusion for this client. There was no documentation as to why the client needed to be in seclusion.</p> <p>b. Review of the Behavioral Intervention Report (2-13-12) for client #4 revealed that, on 2/13/12, the client eloped from the facility and was returned to the facility at 12:43 p.m. by the police. There is no documentation in the client's record as to any behavior that the client exhibited upon return to the facility requiring the use of emergency safety interventions, yet, the Behavioral Intervention Report for this date revealed that the client was placed in a physical hold from 12:43 p.m. to 12:45 p.m. and then placed in seclusion from 12:45 p.m. to 12:55 p.m.</p> <p>c. Review of the Behavioral Intervention Report (1-21-12) for client #4 revealed that on 1/21/12, the client was placed in a physical hold, placed in the Comfort Room and administered an Emergency Treatment Order (ETO) - chemical restraint while in the Comfort Room. Under</p>	N 029			

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N 029	<p>Continued From page 18</p> <p>"justification for each procedure used," the report included that the client "spontaneously got up from his chair in the boys' unit and sprinted towards another peer and began to strike the client with his fists. The clients were quickly separated and put in CPI hold and transported to the comfort room where, later, the client was able to de escalate with no signs or symptoms of distress." There was no further documentation or justification in the client's record as to why the physical hold and comfort room were not successful interventions and the client required the administration of a chemical restraint while in the comfort room.</p> <p>4. a. Review of the Behavioral Intervention Report (2-17-12) for client #5 revealed that the client was placed in a physical hold from 7:34 to 7:45, placed in the comfort room from 7:35 a.m. to 7:45 p.m. and given a chemical restraint/ETO at 7:42 p.m on 2/7/12. Under the section for "justification for each procedure used" revealed" he was placed on unit restriction times 24 hours. He was told that he therefore, could not, watch TV. He became agitated screaming, kicking the walls and attempting to bite and kick staff. He was then escorted to the comfort room."</p> <p>The report revealed that staff member N was one of the mental health technician's involved. An interview was conducted with staff member N on 2/21/12 at 1:40 p.m., where he stated that if a client is placed in the comfort room, staff stand at the door while the client is in the comfort room. Standing at the door would not allow the client to leave the room freely which would then be considered seclusion. There was no further</p>	N 029			

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N 029	<p>Continued From page 19</p> <p>documentation or justification found in the client's record for the use of physical restraint, seclusion and chemical restraint simultaneously.</p> <p>5. Review of the Behavioral Intervention Report (1-23-12) for client #5 revealed that the client was placed in a physical hold from 2:03 p.m. to 2:07 p.m. and then placed in seclusion from 2:06 p.m. to 2:07 p.m. on 1/23/12. Under the section for "Behaviors requiring intervention": and under the section for "Justification for each procedure used," a description stated that the client "walks out of classroom, opens the hallway door out to the admission area. Patient was stopped and escorted back with the techs. Patient refused to follow directions from the techs." There was no further documentation or justification found in the client's record for the use of seclusion.</p> <p>6. Review of the 12-18-2011 Behavioral Intervention Record for client #9 revealed that the client was placed in seclusion from 2:00 p.m. to 2:22 p.m. placed in a physical hold from 2:19 p.m. to 2:22 p.m., and received a chemical restraint of Benadryl 25 mg and Ativan 1 mg at 2:20 p.m. on 12/18/11.</p> <p>The "Justification for each procedure used" section of the Behavioral Intervention Report described the client as "acting out, tried to be redirected several times by using several different methods. During this period, which started about 1345, asked to go to rec room. Was told no due to his behavior but could not turn it around. Started throwing items kicking wall, hitting and spitting. Dr. notified."</p>	N 029			

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N 029	Continued From page 20 There was no further documentation or justification in the client's record as to the need for simultaneous use of physical restraint, seclusion and chemical restraint. 7. Review of the Behavioral Intervention Record (1-19-2012) for client #10 revealed that the client was placed in a physical hold from 11:40 a.m. to 11:42 a.m., in the comfort room from 11:40 a.m. to 11:41 a.m. and in seclusion from 11:41 a.m. to 11:42 a.m. on 1/19/12. Under the section for "justification for each procedure used," it described the justification for the physical hold and the use of the comfort room, but, provided no justification for the use of seclusion. There was no further documentation found in the client's record to justify the use of seclusion.	N 029			
N 031	483.358(i) Orders For The Use Of Restraint Or Seclusion The facility must maintain a record of each emergency safety situation, the interventions used, and their outcomes. This STANDARD is not met as evidenced by: Based on client record review, review of facility event reports and policies, and staff interview, it was determined that the facility failed to maintain a separate cumulative log of all emergency safety situations that was accurate and up to date and referenced ten (Client #1, 2, 4, 9, 11, 12, 13, 14) of ten clients reviewed for whom interventions such as ETOs, physical holds, and seclusion were used. Findings include:	N 031	The CNO developed a cumulative log for restraint and seclusion and a separate log for Time Out. Training regarding the Restraint /Seclusion and Time Out logs was provided to nursing staff March 12, 13, 16 and 19, 2012. The CNO and/or Nursing Supervisor will be auditing the Restraint and Seclusion and Time Out logs to ensure each intervention is logged. Results of the audits are reported to the MEC and Board of Directors.		

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N 031	Continued From page 21 1. Review of the facility's log entitled "Seclusion/Restraint Log" revealed individual sheets entitled "CPI Hold (Restraint) Comfort Room Time/PTO, Seclusion Log". Directions on the sheet indicated to use one sheet for each patient and there are listings for "CPI Hold, Comfort Rook, Seclusion and Medication (PO ETO and IM ETO). The sheet has listings for the date of the behavioral intervention, the time in and time out of the behavioral intervention, intervention used, medication, reason for intervention, notification to the parent or guardian and the nurse's signature. Interview with the facility Risk Manager revealed that all behavioral safety interventions are recorded in this log for each patient. Review of the facility's policy entitled, "Restraint and Seclusion" with a revision date of 11/11, revealed that the nurse was to document each intervention in the Seclusion/Restraint log book and the Risk Manager " logs all pertinent information from Seclusion/Restraint Log for aggregation of data to improve processes and preventing situations that involve risks to the patients and staff." 2. Review of the Behavioral Intervention Report for Client #1 revealed a physical hold and an "ETO" (Emergency Treatment Order) for Haldol 2 mg and Benadryl 25 mg, on 2/17/12. Review of the facility's Seclusion/Restraint log revealed a sheet entitled with client #1's name and the date of February 2012. There was no entry on this sheet for the physical hold and ETO for this client on 2/17/12. Review of the record for client #1 revealed a	N 031	The CNO and Risk Manager provided retraining to all RNs on the need for documenting each restraint or seclusion on the Restraint/Seclusion log. On a daily basis, the Risk Manager or designee reviews the occurrence reports and documentation of all special treatment interventions to assess the accuracy of the interventions recorded in the Restraint/Seclusion log. Any discrepancy is reconciled on the log and the Risk Manager/CNO provides retraining and/or disciplinary action to the RN who fails to correctly document restraint/seclusion interventions on the log. The Risk Manager will report aggregated results of the accuracy of the log and reconciliation actions needed to the PI Committee and Medical Executive Committee monthly and the Governing Body quarterly.	3/16/12 3/16/12	

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N 031	<p>Continued From page 22</p> <p>Behavioral Intervention Report for a physical hold, seclusion and ETO on 2/14/12. Review of the Seclusion/Restraint Log and the sheet in the log for client # 1 for February 2012 revealed no entry for the physical hold, seclusion and ETO for 2/14/12.</p> <p>3. Review of the record for client #2 revealed a Behavioral Intervention Report for a physical hold on 1/8/12. Review of the Seclusion/Restraint Log revealed a sheet tabled for client #2 with a date of January 2012. Written on the sheet was a date of 1/8/12 and a "Time In" of 1538. The remainder of the sheet was blank. There was no documentation of the Intervention used, whether medication was given, reason for the intervention, whether the parent or guardian was notified and no nurse signature.</p> <p>4. Review of the record for client #4 revealed a Behavioral Intervention Report for a physical hold and seclusion on 2/13/12 at 9:45 a.m., a Behavioral Intervention Report for a physical hold and a seclusion on 2/13/12 at 11:21 a.m. and a Behavioral Intervention Report for a physical hold, seclusion and ETO of Haldol 5 mg and Benadryl 25 mg on 2/14/12. Review of the Seclusion/Restraint Log revealed a sheet entitled with client #4's name and the date of February 2012. The Behavioral Interventions for 2/13/12 at 9:45 a.m., 2/13/12 at 11:21 a.m. and 2/14/12 were not recorded in the log.</p> <p>5. Review of the record for client #9 revealed a Behavioral Intervention Report for a physical hold, seclusion and ETO of Ativan, Benadryl and Haldol on 12/2/11 and a Behavioral Intervention Report for a physical hold on 12/15/11. Review of the</p>	N 031			

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N 031	Continued From page 23 Seclusion/Restraint Log revealed a sheet for December 2011 with client #9's name but no entries for these behavioral interventions. 6. Review of facility event reports for January 2012 and February 2012 revealed the following occurrences of Behavioral Interventions were not recorded in the facility's Seclusion/Restraint Log: Client #11: Event Report for 2/15/12 "Escorted using a CPI hold." Client #12: Event report for 2/10/12 "Escorted by two staff into comfort room to calm down." Client #13: Event report for 1/17/12 "Placed in a hold in a hold in which it took several ETO's to calm (client #13) down." Client #14: Event report for 1/12/12 "Client was escorted inside comfort room for a PTO (Personal Time Out). The escort was a two man CPI escort involving (two staff). This escort did involve a physical hold with escort." Client #15: Event report for 1/15/12 "Client was placed in the comfort room to allow him to calm down." Client #16: Event report for 1/14/12 "He was escorted using CPI to the comfort room."	N 031			
N 032	483.358(j) Orders For The Use Of Restraint Or Seclusion The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must sign the restraint or seclusion order in the resident's record as soon	N 032	The CNO and/or Nursing Supervisor are notified of all restraint and/or seclusion episodes to ensure that the RTC Physician and/or The Vines Hospital Medical Director are aware of the incident and will sign the order in a timely manner. The CNO, RTC Program Director and/or Nursing Supervisor are auditing 100% of all restraint and seclusion episodes to ensure an order for seclusion and restraint is documented and authenticated by the physician within 24 hours. Findings will be reported to the MEC and Board of Directors.		

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N 032	Continued From page 24 as possible. This STANDARD is not met as evidenced by: Based on client record review, it was determined that the facility failed to ensure that the physician, who ordered restraint or seclusion, signed the verbal order as soon as possible for one of ten clients reviewed (#10). Findings include: Review of the record for client #10 revealed a Behavioral Intervention Report, dated 1/19/12, with verbal physician orders for "seclude for up to 5 minutes" and personal restraint - CPI for five minutes." Review of the physician order sheet in the clients' record revealed no order for seclusion or restraint. Review of the verbal orders in the Behavioral Intervention form revealed that the physician did not sign the telephone verbal order until 2/8/12, twenty days later.	N 032	The CNO and RTC Director revised the Restraint and Seclusion policy to clarify the expectation that any telephone or verbal order for restraint/seclusion must be authenticated by the physician within 24 hours of the initiation of the intervention. The CNO and Medical Director provided retraining to all physicians on the expectation for authentication of telephone or verbal orders within 24 hours of the initiation of the intervention. The CNO, RTC Director, and Nursing Supervisors are monitoring 100% of restraint and seclusion episodes to ensure that telephone/verbal orders for restraint/seclusion are authenticated within 24 hours of the initiation of the intervention. The Medical Director will provide retraining to any member of the medical staff failing to authenticate orders in the required time frame and this monitoring/retraining will be included in their ongoing professional practice evaluation. Aggregated results of monitoring will be reported to the PI Committee and Medical Executive Committees monthly and the Governing Body quarterly	3/05/12 3/16/12 3/16/12	
N 037	483.362(c) Monitoring Of Resident In And After Restraint A physician, or other licensed practitioner permitted by the state and the facility to evaluate the resident's well-being and trained in the use of emergency safety interventions, must evaluate the resident's well being immediately after the restraint is removed. This STANDARD is not met as evidenced by: Review of client records revealed that the facility				

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N 037	<p>Continued From page 25</p> <p>failed to ensure that an evaluation of the client's well being was conducted immediately after a restraint ended for seven of ten clients reviewed (#1, #2, #4, #5, #6, #7, #9).</p> <p>Findings include:</p> <p>1. Review of the Behavioral Intervention Report for client # 1 revealed that the client was placed in a physical hold at 5:31 p.m. which ended at 5:36 p.m., on 2/17/12. The only evaluation of the client's well being was signed as completed by a registered nurse at 9:50 p.m. during the face to face assessment.</p> <p>2. Review of the Behavioral Intervention Report (1-8-12) for client #2 revealed that the client was placed in a physical hold on 1/8/12 which was documented as ending at 3:39 p.m. The physical hold revealed that the only evaluation of the client's well being was completed by a registered nurse during the face to face assessment which was not conducted until 7:00 p.m.</p> <p>3. Review of the Behavioral Intervention Report (1-27-12) for client #4 revealed that the client was placed in a a physical hold which was documented as ending at 10:08 a.m. on 1/27/12. Review of the Behavioral Intervention Report for the physical hold revealed that the only evaluation of the client's well being was completed by a registered nurse during the face to face assessment which was not conducted until 12:00 p.m.</p> <p>4. Review of the Behavioral Intervention Report (1-7-12) for client #5 revealed that the client was placed in a physical hold which was documented</p>	N 037	<p>Charts for Clients #1, #2, #4, #5, #6, #7, and #9 were reviewed by the CNO regarding the survey finding that an assessment was not documented immediately after the restrain ended. In an effort to ensure the assessments are completed and documented immediately following the S/R episode, the CNO and/or Nursing Supervisor are notified of each restraint and/or seclusion episode to ensure that an assessment of the patient is documented on the first page of the Behavior Intervention Report in B.I.R.P. format immediately after the restraint ended. The CNO and/or Nursing supervisor are conducting an audit of 100% of all restraint and seclusion episodes. Findings from the survey are reported to the MEC and Board of Directors.</p>		

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N 037	Continued From page 27 documented as ending at 4:32 p.m. on 12/9/11. The physical hold revealed that the only evaluation of the client's well being was completed by a registered nurse during the face to face assessment which was not conducted until 7:00 p.m. b. Review of the Behavioral Intervention Record for client #9 revealed that the client was placed in a physical hold which was documented as initiated at 4:36 p.m. on 12-15-11 with no ending time noted. Further documentation revealed that the client was placed in a CPI hold and escorted to the Comfort Room. Documentation revealed that the client was placed in the comfort room at 4:37 p.m. The only evaluation of the client's well being was completed by a registered nurse during the face to face assessment which was not completed until 8:40 p.m.	N 037	The CNO, RTC Director, and Nursing Supervisors are monitoring 100% of restraint and seclusion episodes to ensure that the debriefing is completed within 24 hours and includes all required elements such as names of staff members participating, staff members excused, and changes to the treatment plan. Retraining and/or disciplinary action will be taken with any staff member not in compliance with these requirements. Aggregated results of monitoring will be reported to the PI Committee and Medical Executive Committees monthly and the Governing Body quarterly	3/16/12	
N 048	483.370 Post Intervention Debriefings (a) Within 24 hours after the use of the restraint or seclusion, staff involved in an emergency safety intervention and the resident must have a face-to-face discussion. • This discussion must include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the well being of the resident. • Other staff and the resident's parent(s) or legal guardian(s) may participate in the discussion when it is deemed appropriate by the facility. • The facility must conduct such discussion in a language that is understood by the resident's parent(s) or legal guardian(s). • The discussion must provide both the resident and staff the opportunity to discuss the	N 048	Charts for clients #1, #4, #5, #6, #7, #9, and #10 were reviewed by the CNO regarding the survey finding that staff did not have a face to face discussion to debrief the incident with the patient. The CNO, Program Director and/or the Nurse Supervisor are attending the face to face debriefing with the client within 24 hours of the restraint. The CNO, RTC Program Director and/or Nursing Supervisor are auditing 100% of all restraint and seclusion episodes in order to ensure the face to face discussion is being completed and documented. Findings of the audit will be reported to the MEC and Board of Directors.		

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N 048	Continued From page 28 circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion. This STANDARD is not met as evidenced by: Based on client record review and facility policy review, it was determined that the facility failed to have a face to face discussion with the client and all staff involved in an emergency safety intervention within 24 hours after the use of restraint or seclusion for seven of ten clients reviewed (#1, #4, #5, #6, #7, #9, #10). Findings include: 1. Review of the facility's policy entitled, "Restraint and Seclusion" with a revision date of 11/11, revealed that the Therapist is responsible to: "Post Restraint/Patient Debriefing: Conducts debriefing with the patient/client served, family and staff who were involved in the restraint and are available as soon as possible and appropriate but no longer than 24 hours after the episode. Post Seclusion/Patient Debriefing: Conducts debriefing with the client/patient served, family and staff who were involved in the seclusion and are available as soon as possible and appropriate but no longer than 24 hours after the episode." 2. Review of the record for client #1 revealed a Behavioral Intervention Report for a physical hold at 1730 hours and an ETO (Emergency Treatment Order) for Haldol 2 mg, Benadryl 25 mg at 1816 hours on 2/17/12. Review of the	N 048	The CNO and RTC Director revised the Restraint and Seclusion policy, reiterating the expectation that a post-intervention face to face debriefing is CNO with the client within 24 hours and that the documentation of the debriefing includes the names of staff members involved, staff members excused, and changes to the treatment plan. The policy was approved by the MEC and Governing Body. The CNO and RTC Director provided retraining to all RNs and direct care staff on the expectations regarding the completion and documentation of a face to face debriefing with the client within 24 hours. The CNO, RTC Director, and Nursing Supervisors are monitoring 100% of restraint and seclusion episodes to ensure that the debriefing is completed within 24 hours and includes all required elements such as names of staff members participating, staff members excused, and changes to the treatment plan. Retraining and/or disciplinary action will be taken with any staff member not in compliance with these requirements. Aggregated results of monitoring will be reported to the PI Committee and Medical Executive Committees monthly and the Governing Body quarterly.	3/05/12	3/16/12
				3/16/12	

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PRINTED: 03/01/2012
FORM APPROVED
OMB NO. 0938-0391

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N 048	<p>Continued From page 29</p> <p>"Debriefing for Youth" section of the report revealed that the debriefing did not occur until 2/19/12, two days later.</p> <p>3. Review of the record for client #4 revealed a Behavioral Intervention Report for a physical hold on 1/27/12 from 10:07 a.m. to 10:12 a.m. Review of the "Debriefing for Youth" section of the report revealed that the debriefing did not occur until 1/30/12, three days later.</p> <p>Review of the record for client #4 revealed a Behavioral Intervention Report for a physical hold from 9:45 a.m. to 9:47 a.m. and a from 9:46 a.m. to 10:10 a.m. on 2/13/12. Review of the "Debriefing for Youth" section of the report revealed that the debriefing did not occur until 2/17/12, four days later.</p> <p>Review of the record for client #4 revealed a Behavioral Intervention Report for a physical hold from 12:43 p.m. to 12:45 p.m. and a seclusion from 12:45 p.m. to 12:55 p.m. on 2/13/12. Review of the "Debriefing for Youth" section of the report revealed that the the debriefing did not occur until 2/15/12, two days later.</p> <p>4. Review of the record for client #5 revealed a Behavioral Intervention Report for a physical hold on 2/7/12. Review of the "Debriefing for Youth" section of the report revealed that the debriefing did not occur until 2/9/12, two days later.</p> <p>Review of the record for client #5 revealed a Behavioral Intervention Report for a physical hold on 1/13/12. Review of the "Debriefing for Youth" section of the report revealed that the debriefing did not occur until 1/15/12, two days later.</p>	N 048			

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N 048	<p>Continued From page 30</p> <p>5. Review of the record for client #6 revealed a Behavioral Intervention Report for a physical hold on 2/7/12. Review of the "Debriefing for Youth" section of the report revealed that the debriefing did not occur until 2/9/12, two days later.</p> <p>Review of the record for client #6 revealed a Behavioral Intervention report for a physical hold and seclusion on 1/23/12. Review of the "Debriefing for Youth" section of the report revealed that the debriefing did not occur until 1/25/12, two days later.</p> <p>Review of the record for client #6 revealed a Behavioral Intervention Report for a physical hold on 1/21/12. Review of the "Debriefing for Youth" section of the report revealed that the debriefing did not occur until 1/23/12, two days later.</p> <p>6. Review of the record for client #7 revealed a Behavioral Intervention Report for a physical hold on 11/14/11 at 1900 hours. Review of the "Debriefing for Youth" section of the report revealed that the debriefing did not occur until 11/16/11, two days later.</p> <p>7. Review of the record for client #9 revealed a Behavioral Intervention Report for a physical hold and a seclusion on 12/2/11. Review of the "Debriefing for Youth" section of the report revealed that the debriefing did not occur until 12/4/11, two days later.</p> <p>8. Review of the record for client #10 revealed a Behavioral Intervention Report for a physical hold on 1/19/12. Review of the "Debriefing for Youth" section of the report revealed that the debriefing</p>	N 048			

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N 048	Continued From page 31	N 048			
N 053	<p>did not occur until 1/23/12, four days later.</p> <p>483.370(c) Post Intervention Debriefings</p> <p>Staff must document in the resident's record that both debriefing sessions took place and must include in that documentation:</p> <ul style="list-style-type: none"> The names of staff who were present for the debriefing, The names of staff who were excused from the debriefing, and Any changes to the resident's treatment plan that result from the debriefings. <p>This STANDARD is not met as evidenced by: Based on client record review, it was determined that the facility failed to ensure complete documentation in the client's records for the names of the staff who were present for the debriefings, and the names of the staff who were excused from the debriefings for occurrences of emergency safety situations for eight of ten clients reviewed (#1, #2, #3, #4, #5, #6, #7, #9).</p> <p>Findings include</p> <ol style="list-style-type: none"> Review of the facility's Behavioral Intervention Reports for seclusions and restraint revealed sections to be completed for "Involved Staff Members", "Debriefing for Youth" and "Debriefing for Staff". In the section for Involved Staff Members, there is a space for "check if involved in debriefing" and "check if excused." Review of the record for client #1 revealed a Behavioral Intervention Report for a physical hold 	N 053	<p>Charts for clients #1, #2, #3, #4, #5, #6, #7, and #9 were reviewed by the CNO regarding the survey findings that debriefings were not documented with the names of staff present and the names of staff excused. The CNO and/or Nursing Supervisor are notified of all restraint and/or seclusion episodes to ensure that the debriefings are documented appropriately. The CNO, RTC Program Director and/or Nursing Supervisor are auditing 100% of all restraint and seclusion episodes to ensure that debriefings are documented with the names of staff present and the names of staff excused. Findings of the audit will be reported to the MEC and Board of Directors.</p>		

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N 053	<p>Continued From page 32</p> <p>and an ETO (Emergency Treatment Order) for Haldol 2 mg and Benadryl 25 mg on 2/17/12. Review of the report revealed no documentation of what staff was present for the debriefing of the client, held on 2/19/12, and the debriefing of the staff, held on 2/17/12, and what staff was excused from the debriefings.</p> <p>3. Review of the record for client #2 revealed a Behavioral Intervention Report for a physical hold on 1/8/12. The report revealed no documentation of what staff was present for the debriefing of the client on 1/8/12 and the debriefing of the staff on 1/8/12 and what staff was excused from the debriefings.</p> <p>4. Review of the record for client #3 revealed a Behavioral Intervention Report for a physical hold on 1/12/12. The report revealed no documentation of what staff was present for the debriefing of the client on 1/13/12 and the debriefing of the staff on 1/12/12 and what staff was excused from the debriefings.</p> <p>Review of the record for client #3 revealed a Behavioral Intervention Report for a physical hold on 1/24/12. The report revealed no documentation of what staff was present for the debriefing of the client on 1/25/12 and the debriefing of the staff on 1/24/12 and what staff was excused from the debriefings.</p> <p>5. Review of the record for client #4 revealed a Behavioral Intervention Report for a physical hold on 1/27/12. The report revealed no documentation of what staff was present for the debriefing of the client on 1/30/12 and the debriefing of the staff on 1/27/12 and what staff</p>	N 053	<p>The CNO and RTC Director revised the Restraint and Seclusion policy, reiterating the expectation that a post-intervention face to face debriefing is CNO with the client within 24 hours and that the documentation of the debriefing includes the names of staff members involved, staff members excused, and changes to the treatment plan. The policy was approved by the MEC and Governing Body.</p> <p>The CNO and RTC Director provided retraining to all RNs and direct care staff on the expectations regarding the completion and documentation of a face to face debriefing with the client within 24 hours.</p> <p>The CNO, RTC Director, and Nursing Supervisors are monitoring 100% of restraint and seclusion episodes to ensure that the debriefing is completed within 24 hours and includes all required elements such as names of staff members participating, staff members excused, and changes to the treatment plan.</p> <p>Retraining and/or disciplinary action will be taken with any staff member not in compliance with these requirements. Aggregated results of monitoring will be reported to the PI Committee and Medical Executive Committees monthly and the Governing Body quarterly</p>	3/05/12	3/13/12	3/16/12	3/16/12

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N 053	<p>Continued From page 33 was excused from the debriefings.</p> <p>Review of the record for client #4 revealed a Behavioral Intervention Report for a physical hold on 1/21/12. The report revealed no documentation of what staff was present for the debriefing of the client on 1/23/12 and the debriefing of the staff on 1/21/12 and what staff was excused from the debriefings.</p> <p>Review of the record for client #4 revealed a Behavioral Intervention Report for a physical hold and a seclusion on 2/14/12. The report revealed no documentation of what staff was present for the debriefing of the client on 2/15/12 and the debriefing of the staff on 2/14/12 and what staff was excused from the debriefings.</p> <p>6. Review of the record for client #5 revealed a Behavioral Intervention Report for a physical hold on 1/13/12. The report revealed no documentation of what staff was present for the debriefing of the client on 1/15/12 and the debriefing of the staff on 1/13/12 and what staff was excused from the debriefings.</p> <p>7. Review of the record for client #8 revealed a Behavioral Intervention Report for a physical hold and a seclusion on 1/23/12. The report revealed no documentation of what staff was present for the debriefing of the client on 1/25/12 and the debriefing of the staff on 1/23/12 and what staff was excused from the debriefings.</p> <p>Review of the record for client #6 revealed a Behavioral Intervention Report for a physical hold on 1/22/12. The report revealed no documentation of what staff was present for the</p>	N 053			

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N 053	<p>Continued From page 34</p> <p>debriefing of the client on 1/23/12 and the debriefing of the staff on 1/22/12 and what staff was excused from the debriefings.</p> <p>Review of the record for client #6 revealed a Behavioral Intervention Report for a physical hold on 1/21/12. The report revealed no documentation of what staff was present for the debriefing of the client on 1/23/12 and the debriefing of the staff on 1/21/12 and what staff was excused from the debriefings.</p> <p>8. Review of the record for client #7 revealed a Behavioral Intervention Report for a physical hold and an ETO of Ativan 1 mg, Benadryl 25 mg and Haldol 2 mg on 11/14/11. The report revealed no documentation of what staff was present for the debriefing of the client on 11/16/11 and the debriefing of the staff on 11/14/11 and what staff was excused from the debriefings.</p> <p>Review of the record for client #7 revealed a Behavioral Intervention Report for an ETO of Haldol 2 mg, Ativan 1 mg and Benadryl 25 mg on 11/15/11. The report revealed no documentation of what staff, besides the Registered Nurse, was involved in the debriefings of the client and the staff, although three other staff were listed on the report as "Involved Staff Members."</p> <p>Review of the record for client #7 revealed a Behavioral Intervention Report for a physical hold and an ETO of Benadryl 25 mg on 11/6/11. The report revealed no documentation of what staff was involved in the debriefing of the client on 11/7/11 and the debriefing of the staff on 11/6/11 and what staff was excused from the debriefings.</p>	N 053			

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N 053	Continued From page 35 a. Review of the record for client #9 revealed a Behavioral Intervention Report for a physical hold on 1/9/12. The report revealed no documentation of what staff was involved in the debriefing of the client on 1/10/12 and the debriefing of the staff on 1/9/12 and what staff was excused from the debriefings.	N 053			
N 069	483.376(a)(2) Education and Training The use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods, to prevent emergency safety situations; and This STANDARD is not met as evidenced by: Based on policy review, record review, and staff interviews, it was determined that the facility failed to ensure staff is trained and competent in the use of time out for 15 of 15 staff (#A, B, C, D, E, F, G, H, I, J, K, L, M, N, and O). Findings include: 1. Review of facility policy titled, "Time Out," last revised on 12/11, on 2/21/12 at 11:40 a.m., revealed, "The Staff Development Coordinator assures staff is trained and competent on implementation of time out procedures and the purpose of time out implementation." 2. Review of Staff #A's personnel file, on 2/21/12 at 10:40 a.m., revealed Staff #A was hired on 11/1/10. There was no training documentation for time out in Staff #A's personnel file. 3. Review of Staff #B's personnel file, on 2/21/12	N 069	Time out was reported on the same form as Restraint and Seclusion for 15 of 15 staff. To ensure Time out is reported correctly a separate log book has been implemented on March 19, 2012 by the CNO. The CNO and/or Nursing supervisor are conducting an audit of 100% of all restraint and seclusion episodes (including time out). Findings from the survey are reported to the MEC and Board of Directors.		

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N 069	Continued From page 36 at 10:45 a.m., revealed Staff #B was hired on 3/9/09. There was no training documentation for time out in Staff #B's personnel file. 4. Review of Staff #C's personnel file, on 2/21/12 at 10:50 a.m., revealed Staff #C was hired on 7/18/11. There was no training documentation for time out in Staff #C's personnel file. 5. Review of Staff #D's personnel file, on 2/21/12 at 10:55 a.m., revealed Staff #D was hired on 5/11/10. There was no training documentation for time out in Staff #D's personnel file. 6. Review of Staff #E's personnel file, on 2/21/12 at 11:00 a.m., revealed Staff #E was hired on 4/25/11. There was no training documentation for time out in Staff #E's personnel file. 7. Review of Staff #F's personnel file, on 2/21/12 at 11:05 a.m., revealed Staff #F was hired on 12/12/11. There was no training documentation for time out in Staff #F's personnel file. 8. Review of Staff #G's personnel file, on 2/21/12 at 11:10 a.m., revealed Staff #G was hired on 3/28/11. There was no training documentation for time out in Staff #G's personnel file. 9. Review of Staff #H's personnel file, on 2/21/12 at 11:15 a.m., revealed Staff #H was hired on 11/14/11. There was no training documentation for time out in Staff #H's personnel file. 10. Review of Staff #I's personnel file, on 2/21/12 at 11:20 a.m., revealed Staff #I was hired on 5/17/11. There was no training documentation for time out in Staff #I's personnel file.	N 069	all direct care and nursing staff on the correct use of time out as therapeutic intervention. All staff participating in the training are required to achieve a 90% score on the post-test competency assessment. Anyone not achieving satisfactory scores will receive individual retraining. The Human Resources Director incorporated the Time Out training module and competency assessment into the new employee orientation for all new direct care or nursing staff. The CNO, RTC Director developed a training module and competency assessment tool on the use of time out. The CNO, RTC Director provided training to all direct care and nursing staff on the correct use of time out as therapeutic intervention. All staff participating in the training are required to achieve a 90% score on the post-test competency assessment. Anyone not achieving satisfactory scores will receive individual retraining. The Human Resources Director incorporated the Time Out training module and competency assessment into the new employee orientation for all new direct care or nursing staff.	3/16/12	3/7/12
				3/16/12	3/16/12

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N 069	Continued From page 37 11. Review of Staff #J's personnel file, on 2/21/12 at 11:25 a.m., revealed Staff #J was hired on 2/21/11. There was no training documentation for time out in Staff #J's personnel file. 12. Review of Staff #K's personnel file, on 2/21/12 at 11:30 a.m., revealed Staff #K was hired on 5/9/11. There was no training documentation for time out in Staff #K's personnel file. 13. Review of Staff #L's personnel file, on 2/21/12 at 11:35 a.m., revealed Staff #L was hired on 11/14/11. There was no training documentation for time out in Staff #L's personnel file. 14. Interview with Director of Human Resources, on 2/21/12 at 11:45 a.m., revealed that there is time out training given during orientation but there is no documentation for a specific time out training in the personnel files. 15. Interview with the Chief Nursing Officer, on 2/21/12 at 12:05 p.m., revealed that there is no documentation of time out training being done with the facility's Crisis Prevention Institute (CPI) training. 16. Interview with six staff members, on 2/21/12 from approximately 1:00 p.m. to 2:00 p.m., revealed that the six staff members #B, E, I, M, N, and O all had different interpretations of what comprised a time out procedure.	N 069			
N 074	483.376(e) Education and Training Staff must be trained and demonstrate				

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N 074	<p>Continued From page 38</p> <p>competency before participating in an emergency safety situation.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure that staff was trained and demonstrated competency in seclusion and restraint techniques before participating in an intervention of seclusion or restraint for 5 of 12 (#E, F, G, I, and J) staff records reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Record review of Staff #E's personnel file, on 2/21/12 at 11:00 a.m., revealed Staff #E was hired on 4/25/11. There was no evidence that an initial demonstrated competency in seclusion and restraint techniques was completed by Staff #E in the personnel file. Staff #E participated in interventions of seclusion or restraint on 11/15/11 with client #7 and on 1/9/12 with client #9. Record review of Staff #F's personnel file, on 2/21/12 at 11:05 a.m., revealed Staff #F was hired on 12/12/11. There was no evidence that an initial demonstrated competency in seclusion and restraint techniques was completed by Staff #F in the personnel file. Staff #F participated in interventions of seclusion or restraint on 2/14/12 with client #1 and on 2/14/12 with client #10. Record review of Staff #G's personnel file, on 2/21/12 at 11:10 a.m., revealed Staff #G was hired on 3/28/11. There was no evidence that an initial demonstrated competency in seclusion and restraint techniques was completed by Staff #G in 	N 074	<p>The CNO and RTC Director developed a training module and competency assessment tool on the use of time out.</p> <p>The CNO, RTC Director provided training to all direct care and nursing staff on the correct use of time out as therapeutic intervention. All staff participating in the training are required to achieve a 90% score on the post-test competency assessment. Anyone not achieving satisfactory scores will receive individual retraining.</p> <p>The Human Resources Director and incorporated the Time Out training module and competency assessment into the new employee orientation for all new direct care or nursing staff.</p>	3/7/12	3/16/12	3/16/12

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N 074	<p>Continued From page 39</p> <p>the personnel file. Staff #G participated in interventions of seclusion or restraint on 11/16/11 with client #7, on 1/7/12 with client #5, on 1/17/12 with client #10, on 1/21/12 with client #4, on 1/21/12 with client #6, on 1/22/12 with client #6, on 1/24/12 with client #3, on 2/7/12 with client #5, and on 2/7/12 with client #7.</p> <p>4. Record review of Staff #I's personnel file, on 2/21/12 at 11:20 a.m., revealed Staff #I was hired on 5/17/11. There was no evidence that an initial demonstrated competency in seclusion and restraint techniques was completed by Staff #I in the personnel file. Staff #I participated in interventions of seclusion or restraint on 11/14/11 with client #7, on 12/2/11 with client #9, on 1/19/12 with client #10, on 1/23/12 with client #6, on 2/13/12 with client #4, on 2/14/12 with client #1, on 2/14/12 with client #4, and on 2/15/12 with client #4.</p> <p>5. Record review of Staff #J's personnel file, on 2/21/12 at 11:25 a.m., revealed Staff #J was hired on 2/21/11. There was no evidence that an initial demonstrated competency in seclusion and restraint techniques was completed by Staff #J in the personnel file. Staff #J participated in an intervention of seclusion or restraint on 11/14/11 with client #7.</p> <p>6. Interview with the Chief Nursing Officer (CNO), on 2/21/12 at 11:55 a.m. revealed that seclusion and restraint training is done during orientation and is included in the facility's Crisis Prevention Institute (CPI) training. Further interview with the CNO, on 2/21/12 at 12:05 p.m., revealed that the CPI training doesn't include a demonstrated competency as part of the training</p>	N 074			

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N 074	Continued From page 40 at this time and the facility will need to include it in the future.				
N 075	483.376(f) Education and Training Staff must demonstrate their competencies as specified in paragraph (a) of this section on a semiannual basis and their competencies as specified in paragraph (b) of this section on an annual basis. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure that staff demonstrated competency in seclusion and restraint techniques, on a semiannual basis, for 3 of 12 (#B, D, and K) staff records reviewed. Findings include: 1. Record review of Staff #B's personnel file, on 2/21/12 at 10:45 a.m., revealed Staff #B was hired on 3/9/09. An initial demonstrated competency in seclusion and restraint techniques was completed by Staff #B on 3/12/09. There was no further evidence of demonstrated competencies in seclusion and restraint techniques completed on a semiannual basis for Staff #B in the personnel file. 2. Record review of Staff #D's personnel file, on 2/21/12 at 10:55 a.m., revealed Staff #D was hired on 5/11/10. An initial demonstrated competency in seclusion and restraint techniques was completed by Staff #D on 5/12/10. There was no further evidence of demonstrated competencies in seclusion and restraint	N 075	Five of 12 staff failed to have competency for restraint and seclusion in their Human Resources file. All staff are retrained to show competency in restraint and seclusion and the CNO and Human Resources Director will ensure all staff are retrained every six months with retraining beginning in September 2012. The CNO and RTC Director developed a training module and competency assessment tool on the use of time out. The CNO, RTC Director provided training to all direct care and nursing staff on the correct use of time out as therapeutic intervention. All staff participating in the training are required to achieve a 90% score on the post- test competency assessment. Anyone not achieving satisfactory scores will receive individual retraining. The Human Resources Director and incorporated the Time Out training module and competency assessment into the new employee orientation for all new direct care or nursing staff.		

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N 075	Continued From page 41 techniques completed on a semiannual basis for Staff #D in the personnel file. 3. Record review of Staff #K's personnel file, on 2/21/12 at 11:30 a.m., revealed Staff #K was rehired on 5/9/11. An initial demonstrated competency in seclusion and restraint techniques was completed by Staff #K on 3/30/10. There was no further evidence of demonstrated competencies in seclusion and restraint techniques completed on a semiannual basis for Staff #K in the personnel file. 4. Interview with the Director of Human Resources, on 2/21/12 at 11:45 a.m., revealed that the facility's seclusion and restraint instructors are fairly new hires and were not aware of the semiannual requirement for demonstrated competency in the seclusion and restraint training's that they conduct.				
N 076	483.376(g) Education and Training The facility must document in the staff personnel records that the training and demonstration of competency were successfully completed. Documentation must include the date training was completed and the name of persons certifying the completion of training. This STANDARD is not met as evidenced by: Based on record review, it was determined that the facility failed to ensure a successful demonstrated competency in seclusion and restraint training, signed and dated by the instructor, was documented in staff personnel records for 8 of 12 (#B, D, E, F, G, I, J, and K)	N 076	The CNO revised the Staff Restraint and Seclusion Competency and shows competency in each area restraint area and will be signed and dated by the qualified instructor in CPI. The Director of Human Resources is maintaining these records and results will be reported to the MEC and Board of Directors.		

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N 078	Continued From page 42 staff records reviewed. Findings include: 1. Record review of Staff #B's personnel file, on 2/21/12 at 10:45 a.m., revealed Staff #B was hired on 3/9/09. An initial demonstrated competency in seclusion and restraint techniques was completed by Staff #B on 3/12/09. There was no further evidence of demonstrated competencies in seclusion and restraint techniques, signed and dated by the Instructor, for Staff #B in the personnel file. 2. Record review of Staff #D's personnel file, on 2/21/12 at 10:55 a.m., revealed Staff #D was hired on 5/11/10. An initial demonstrated competency in seclusion and restraint techniques was completed by Staff #D on 5/12/10. There was no further evidence of demonstrated competencies in seclusion and restraint techniques, signed and dated by the Instructor, for Staff #D in the personnel file. 3. Record review of Staff #E's personnel file, on 2/21/12 at 11:00 a.m., revealed Staff #E was hired on 4/25/11. There was no evidence that a successful demonstrated competency in seclusion and restraint techniques, signed and dated by the instructor, was completed by Staff #E in the personnel file. 4. Record review of Staff #F's personnel file, on 2/21/12 at 11:05 a.m., revealed Staff #F was hired on 12/12/11. There was no evidence that a successful demonstrated competency in seclusion and restraint techniques, signed and dated by the instructor, was completed by Staff	N 078	The CNO and RTC Director revised the Restraint and Seclusion policy to include the following staff training requirements: * All direct care and nursing staff are required to complete an initial training regarding the use of restraint and seclusion, with appropriate competency assessment prior to beginning any resident care responsibilities * All direct care and nursing staff are required to participate in semi-annual retraining in the use of restraint and seclusion, with appropriate competency assessment * Competency assessment documentation must include the date of the training and signature of the trainer. The Human Resources Director reviewed all direct care and nursing staff to identify any individual deficient in either initial or semi-annual retraining. Those identified received retraining by March 16, 2012.	3/05/12	3/16/12

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N 076	Continued From page 43 #F in the personnel file. 5. Record review of Staff #G's personnel file, on 2/21/12 at 11:10 a.m., revealed Staff #G was hired on 3/28/11. There was no evidence that a successful demonstrated competency in seclusion and restraint techniques, signed and dated by the Instructor, was completed by Staff #G in the personnel file. 6. Record review of Staff #I's personnel file, on 2/21/12 at 11:20 a.m., revealed Staff #I was hired on 5/17/11. There was no evidence that a successful demonstrated competency in seclusion and restraint techniques, signed and dated by the Instructor, was completed by Staff #I in the personnel file. 7. Record review of Staff #J's personnel file, on 2/21/12 at 11:25 a.m., revealed Staff #J was hired on 2/21/11. There was no evidence that a successful demonstrated competency in seclusion and restraint techniques, signed and dated by the instructor, was completed by Staff #J in the personnel file. 8. Record review of Staff #K's personnel file, on 2/21/12 at 11:30 a.m., revealed Staff #K was rehired on 5/9/11. An initial demonstrated competency in seclusion and restraint techniques was completed by Staff #K on 3/30/10. There was no further evidence of demonstrated competencies in seclusion and restraint techniques, signed and dated by the instructor, for Staff #K in the personnel file.	N 076			
N 078	483.350 RESTRAINT AND SECLUSION The policies and procedures for restraint and	N 078			

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N 078	<p>Continued From page 44</p> <p>seclusion in a psychiatric residential treatment facility must meet the regulations under 42 CFR Part 483 Subpart G in order to be in compliance with this condition of participation.</p> <p>This CONDITION is not met as evidenced by: Based upon client record review, personnel record review, staff interview and facility policy review, the facility did not meet the Condition of Participation for Restraint and Seclusion, 42 C.F.R. 483.350. The cumulative effect of the systemic failures resulted in the facility's inability to ensure appropriate use of seclusion and restraint as specifically related to requirements at:</p> <p>42 CFR 483.356 Protection of Residents: N 004 The Facility failed to ensure that an order for restraint of seclusion was not written as a standing order or on an as needed basis for one of ten clients (#7). N 008 The Facility failed to ensure that restraint and seclusion was not used simultaneously for six of ten clients (#1, #4, #7, #9, #10)</p> <p>42 CFR 483.358 Orders for the use of restraint or seclusion N 018 The Facility failed to obtain a signed written order for the use of restraint for one of ten clients reviewed (#5). N 019 The Facility failed to ensure that there was a separate order for each distinct time frame of seclusion and restraint for one of ten clients (#9). N 020 The Facility failed to ensure that a licensed practitioner conducted a face to face assessment of the physical and psychological well-being of the client within one hour of the initiation of a restraint or seclusion for seven of ten clients (#1,</p>	N 078	<p>N004: The CNO and/or Nursing Supervisor are auditing 100% of all restraint and seclusion to ensure an order will not be used by the RN as a "standing order" as stated in the findings regarding client #7. Findings from the audits are reported to the MEC and Board of Directors.</p> <p>N008: The CNO and Nursing Supervisor are monitoring 100% of all restraint and/or seclusion episodes to ensure that the intervention is not being used simultaneously as stated in the findings for client's #1, #4, #7, #9, #10. The CNO and/or Nursing Supervisor are auditing 100% of all restraint and seclusion episodes to ensure that documentation supports accurately the use of restraint and seclusion. Findings from the audits are reported to the MEC and Board of Directors.</p> <p>N018: The CNO, RTC Program Director and/or Nursing Supervisor are auditing 100% of all restraint and seclusion episodes to ensure an order for Seclusion and Restraint is appropriate and documented in the medical record. Findings from the survey are reported to the MEC and Board of Directors.</p>		

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N 078	<p>Continued From page 45 #2, #4, #5, #6, #7, #9).</p> <p>N 024 The Facility failed to obtain a physician order for the emergency safety intervention utilized for one of ten clients (#9).</p> <p>N 029 The Facility failed to ensure that there was documentation and justification of the behaviors that led to the use of multiple interventions of physical restraint, chemical restraint and seclusion for five of ten clients (#1, #4, #5, #9, #10).</p> <p>N 031 The Facility failed to maintain a separate cumulative log of all emergency safety situations.</p> <p>N 032 The Facility failed to ensure that a physician signed the restraint or seclusion order as soon as possible for one of ten (#10).</p> <p>42 CFR 483.362 Monitoring of the resident in and immediately after restraint</p> <p>N 037 The Facility failed to ensure that an evaluation of the client's well being was conducted immediately after restraint ended for seven of ten clients (#1, #2, #4, #5, #6, #7, #9).</p> <p>42 CFR 483.370 Post Intervention Debriefings</p> <p>N 048 The Facility failed to have a face to face discussion with the client and staff involved in an emergency safety intervention within 24 hours after the use of restraint or seclusion for seven of ten clients (#1, #4, #5, #6, #7, #9, #10).</p> <p>N 053 The Facility failed to document in the client's record the names of staff which were present for the debriefings and the names of staff who were excused from debriefings for occurrences of emergency safety situations for eight of ten clients (#1, #2, #3, #4, #5, #6, #7, #9)</p> <p>42 CFR 483.376 Education and Training</p> <p>N 069 The Facility failed to ensure staff is trained</p>	<p>N 078</p> <p>N019:</p> <p>N020:</p>	<p>The CNO revised the Behavior Intervention Report to contain only one order per each incident of restraint, seclusion, and/or chemical restraint. Each order sheet contains a separate area to document appropriate time frames based on the patient's age. The CNO, RTC Director and Nursing Supervisors are auditing 100% of all restraint and seclusion episodes to ensure that restraint and seclusion are documented properly. Findings from the survey are reported to the MEC and Board of Directors.</p> <p>The CNO and/or Nursing Supervisor are notified of restraint and/or seclusion to ensure that a licensed practitioner conducted a face to face assessment of the physical and psychological well-being of client #1, #2, #4, #5, #6, #7, #9. The CNO, RTC Director and /or Nursing Supervisor are auditing 100% of restraint and seclusion episodes to ensure the face to face assessment was documented accurately. Findings from the survey are reported to the MEC and Board of Directors.</p>		

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N 078	Continued From page 46 and competent in the use of Time Out procedure for fifteen of fifteen staff (#A, B, C, D, E, F, G, H, I, J, K, L, M, N, O) N 074 The Facility failed to ensure that staff was trained and demonstrated competency in seclusion and restraint techniques before participating in an intervention of seclusion or restraint for five of twelve staff (#E, F, G, I, J). N 075 The Facility failed to ensure that staff demonstrated competency in seclusion and restraint techniques on a semi annual basis for three of twelve staff (B, D, K). N 076 The Facility failed to ensure a successful demonstrated capacity in seclusion and restraint training, signed and dated by the instructor, was documented in staff personnel records for eight (# B, D, E, F, G, I, J, and K) staff records reviewed.	N 078 N024: N029:	The CNO and/or Nursing Supervisor are notified of restraint and/or seclusion to ensure that a physician order is placed in the medical record and on the Behavior Intervention Report in order to prevent an order not being placed in the chart or BIR as stated in the findings for client #9. The CNO, RTC Director and /or Nursing Supervisor are auditing 100% of restraint and seclusion episodes to ensure that a physician order is documented in the medical record. Findings from the survey are reported to the MEC and Board of Directors. The CNO reviewed the medical records for clients #1, # 4, #5, #9, and #10 regarding the findings justification of the seclusion/restraint. The CNO provided re- education and re-training to all RTC Registered Nurses and Qualified Registered Nurses to ensure that documentation and justification of the behaviors that led to the use of multiple interventions is corrected. The CNO and /or Nursing Supervisor are auditing 100% of restraint and seclusion episodes to ensure that justification for seclusion/restraint including behaviors leading to the episode and alternative methods utilized is documented in the medical record. Findings from the survey are reported to the MEC and Board of Directors.		

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N 078	Continued From page 46 and competent in the use of Time Out procedure for fifteen of fifteen staff (#A, B, C, D, E, F, G, H, I, J, K, L, M, N, O) N 074 The Facility failed to ensure that staff was trained and demonstrated competency in seclusion and restraint techniques before participating in an intervention of seclusion or restraint for five of twelve staff (#E, F, G, I, J). N 075 The Facility failed to ensure that staff demonstrated competency in seclusion and restraint techniques on a semi annual basis for three of twelve staff (B, D, K). N 076 The Facility failed to ensure a successful demonstrated capacity in seclusion and restraint training, signed and dated by the instructor, was documented in staff personnel records for eight (# B, D, E, F, G, I, J, and K) staff records reviewed.	N 078 N031: N032:	The CNO developed a cumulative log for restraint and seclusion and a separate log for Time Out. Training regarding the Restraint /Seclusion and Time Out logs was provided to nursing staff March 12, 13, 16 and 19, 2012. The CNO and/or Nursing Supervisor will be auditing the Restraint and Seclusion and Time Out logs to ensure each intervention is logged. Results of the audits are reported to the MEC and Board of Directors. The CNO and/or Nursing Supervisor are notified of all restraint and/or seclusion episodes to ensure that the RTC Physician and/or The Vines Hospital Medical Director are aware of the incident and will sign the order in a timely manner. The CNO, RTC Program Director and/or Nursing Supervisor are auditing 100% of all restraint and seclusion episodes to ensure an order for seclusion and restraint is documented and authenticated by the physician within 24 hours. Findings will be reported to the MEC and Board of Directors.		

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N 078	Continued From page 48 and competent in the use of Time Out procedure for fifteen of fifteen staff (#A, B, C, D, E, F, G, H, I, J, K, L, M, N, O) N 074 The Facility failed to ensure that staff was trained and demonstrated competency in seclusion and restraint techniques before participating in an intervention of seclusion or restraint for five of twelve staff (#E, F, G, I, J). N 075 The Facility failed to ensure that staff demonstrated competency in seclusion and restraint techniques on a semi annual basis for three of twelve staff (B, D, K). N 076 The Facility failed to ensure a successful demonstrated capacity in seclusion and restraint training, signed and dated by the instructor, was documented in staff personnel records for eight (# B, D, E, F, G, I, J, and K) staff records reviewed.	N 078 N037:	Charts for Clients #1, #2, #4, #5, #6, #7, and #9 were reviewed by the CNO regarding the survey finding that an assessment was not documented immediately after the restraint ended. In an effort to ensure the assessments are completed and documented immediately following the S/R episode, the CNO and/or Nursing Supervisor are notified of each restraint and/or seclusion episode to ensure that an assessment of the patient is documented on the first page of the Behavior Intervention Report in B.I.R.P. format immediately after the restraint ended. The CNO and/or Nursing supervisor are conducting an audit of 100% of all restraint and seclusion episodes. Findings from the survey are reported to the MEC and Board of Directors.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10L011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2012
NAME OF PROVIDER OR SUPPLIER THE VINES			STREET ADDRESS, CITY, STATE, ZIP CODE 3130 S W 27TH AVENUE OCALA, FL 34471		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
N 078	Continued From page 46 and competent in the use of Time Out procedure for fifteen of fifteen staff (#A, B, C, D, E, F, G, H, I, J, K, L, M, N, O) N 074 The Facility failed to ensure that staff was trained and demonstrated competency in seclusion and restraint techniques before participating in an intervention of seclusion or restraint for five of twelve staff (#E, F, G, I, J). N 075 The Facility failed to ensure that staff demonstrated competency in seclusion and restraint techniques on a semi annual basis for three of twelve staff (B, D, K). N 076 The Facility failed to ensure a successful demonstrated capacity in seclusion and restraint training, signed and dated by the instructor, was documented in staff personnel records for eight (# B, D, E, F, G, I, J, and K) staff records reviewed.	N 078 N048:	Charts for clients #1, #4, #5, #6, #7, #9, and #10 were reviewed by the CNO regarding the survey finding that staff did not have a face to face discussion to debrief the incident with the patient. The CNO, Program Director and/or the Nurse Supervisor are attending the face to face debriefing with the client within 24 hours of the restraint. The CNO, RTC Program Director and/or Nursing Supervisor are auditing 100% of all restraint and seclusion episodes in order to ensure the face to face discussion is being completed and documented. Findings of the audit will be reported to the MEC and Board of Directors.		
		N053:	Charts for clients #1, #2, #3, #4, #5, #6, #7, and #9 were reviewed by the CNO regarding the survey findings that debriefings were not documented with the names of staff present and the names of staff excused. The CNO and/or Nursing Supervisor are notified of all restraint and/or seclusion episodes to ensure that the debriefings are documented appropriately. The CNO, RTC Program Director and/or Nursing Supervisor are auditing 100% of all restraint and seclusion episodes to ensure that debriefings are documented with the names of staff present and the names of staff excused. Findings of the audit will be reported to the MEC and Board of Directors.		

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NAME OF PROVIDER OR SUPPLIER THE VINES			STREET ADDRESS, CITY, STATE, ZIP CODE 3130 S W 27TH AVENUE OCALA, FL 34471		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
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